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<b>UTILITY PATENT APPLICATION TRANSMITTAL</b>  <i>(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))</i>	Attorney Docket No.	26C-023
	First Inventor or Application Identifier	UMEMURA t al.
	Title	STEERING WHEEL
	Express Mail Label No.	

<b>APPLICATION ELEMENTS</b> See MPEP chapter 600 concerning utility patent application contents.	<b>ADDRESS TO:</b> Assistant Commissioner for Patents Box Patent Application Arlington, VA 22202
1. <input checked="" type="checkbox"/> * Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)  2. <input checked="" type="checkbox"/> Specification [Total Pages <b>27</b> ]  -Descriptive title of the Invention  -Cross Reference to Related Applications  -Background of the Invention  -Summary of the Invention  -Brief Description of the Drawings  -Detailed Description of the Preferred Embodiment -Claims  -Abstract of the Disclosure  3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets <b>12</b> ]  4. Oath or Declaration [Total Sheets <b>4</b> ] a. <input checked="" type="checkbox"/> Newly executed (original or copy)  b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63 (d)) (for continuation/divisional with Box 16 completed) i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).  <div style="border: 1px solid black; padding: 2px; font-size: small;">           NOTICE: IF THIS IS IN ORDER TO BE ENTITLED TO THE SMALL ENTITY            FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT            IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28)         </div>	5. <input type="checkbox"/> Microfiche Computer Program (Appendix)  6. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies  <b>ACCOMPANYING APPLICATION PARTS</b> 7. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) 8. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement (when there is an assignee) <input type="checkbox"/> Power of Attorney 9. <input type="checkbox"/> English Translation Document (if applicable) 10. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations 11. <input type="checkbox"/> Preliminary Amendment 12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (should be specifically itemized) *Small Entity Statement(s) (PTO/SB-09-12) <input type="checkbox"/> Statement filed in prior application, Status still proper and desired 14. <input checked="" type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 15. <input type="checkbox"/> Other: ..... ..... .....

16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: \_\_\_\_\_

Prior application information: Examiner: \_\_\_\_\_

Group/Art Unit: \_\_\_\_\_

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS	
<input checked="" type="checkbox"/> Customer Number or Bar Code Label  or <input type="checkbox"/> Correspondence address below (Insert Customer Number or Bar Code Label here)	
Name	PATENT TRADEMARK OFFICE
Address	
City	State Zip Code
Country	Telephone (703) 707-9110 Fax (703) 707-9112

Name (Print/Type)	David G. Posz	Registration No. (Attorney/Agent)	37,701
Signature		Date	August 27, 2003

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Arlington, VA 22202. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Box Patent Application, Arlington, VA 22202.

15535 U.S. PTO 10/5/02



# FEE TRANSMITTAL for FY 2003

*Patent fees are subject to annual revision.*

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)**790**

## Complete if Known

Application Number \_\_\_\_\_  
Filing Date **August 27, 2003**  
First Named Inventor **UMEMURA et al.**  
Examiner Name \_\_\_\_\_  
Group/Art Unit \_\_\_\_\_  
Attorney Docket No. **26C-023**

### METHOD OF PAYMENT (check one)

1. ☐ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number **50-1147**

Deposit Account Name **POSZ & BETHARDS, PLC**

☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

2. ☒ Payment Enclosed:

☒ Check ☐ Money Order ☐ Other

### FEE CALCULATION (continued)

3. ADDITIONAL FEES		Fee Description		Fee Paid
Large Entity Fee Code	Small Entity Fee Code			
1051	130	2051	05	
1052	50	2052	25	
1053	130	1053	130	
1812	2,520	1812	2,520	
1804	920*	1804	920*	
1805	1,840*	1805	1,840*	
1251	110	2251	55	
1252	410	2252	205	
1253	930	2253	490	
1254	1450	2254	725	
1255	1970	2255	985	
1401	320	2401	160	
1402	320	2402	180	
1403	280	2403	140	
1451	1,510	1451	1,510	
1452	110	2452	55	
1453	1,300	2453	650	
1501	1300	2501	650	
1502	470	2502	235	
1503	630	2503	315	
1460	130	1460	130	
1807	50	1807	50	
1806	180	1806	180	
8021	40	8021	40	
1809	750	2809	375	
1810	750	2810	375	

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)**40**

### FEE CALCULATION

#### 1. BASIC FILING FEE

Large Entity Fee Code	Small Entity Fee Code	Fee Description	Fee Paid
1001	750	2001	375
1002	330	2002	165
1003	520	2003	260
1004	750	2004	375
1005	160	2005	80

SUBTOTAL (1) (\$)**750**

#### 2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from Subtotal	Fee Paid
4	-20**	0	0
1	-3**	84	0

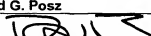
Multiple Dependent

\*\*or number previously paid, if greater; For Reissues, see below

Large Entity Fee Code	Small Entity Fee Code	Fee Description	Fee Paid
1202	18	2202	9
1201	84	2201	42
1203	280	2203	140
1204	84	2204	42
1205	18	2205	9

SUBTOTAL (2) (\$)**0**

#### SUBMITTED BY

Name (Print/Type) **David G. Posz** Registration No. (425mm/4mm) **37,701** Telephone (703) **707-9110**  
Signature  Date **August 27, 2003**

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